



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

**Department of Mental Health (DMH)
Office of Community Services
Interim Issue Resolution Process
December 2011**

This Issue Resolution Process is provided to the public mental health stakeholders; providing information on how to resolve local issues related to MHSA, access to services and MHSA requirements.

Local Issue Resolution Principles

Issues regarding the Mental Health Services Act (MHSA) should initially be addressed at the local level¹. The local process should be completed in an expedient and appropriate manner. Decisions should be consistent with MHSA regulations and statutes. General principles and processes for a local MHSA issue resolution process should be:

1. The Issue Filer has a right to bring an issue forward.
2. The issue will be reviewed by an impartial body.
3. The Issue Filer will be notified of the outcome in writing.

Scope of Issues

Issues Appropriate for this Process

1. Access to mental health services
2. Violation of statute or regulations relating to use of MHSA funds
3. Non-compliance with the General Standards pursuant to Welfare and Institutions Code (WIC) §3320 ²
4. Inconsistency between the approved MHSA Plan and its implementation
5. The local MHSA Community Program Planning Process
6. Supplantation

¹ As a general rule, DMH will require that the local issue resolution process be accessed and exhausted but understands that, in some instances, this may not be possible. Each case will be reviewed accordingly.

² Community Collaboration, Cultural Competence, Client Driven, Family Driven, Wellness, Recovery, and Resilience Focused, and Integrated Service Experiences for clients and their families.

How to Submit an MHSA Issue

After the Issue Filer has exhausted his or her county's issue resolution process and the MHSA related issue has not been resolved to the Issue Filer's satisfaction, the following steps may be taken:

1. The Issue Filer may submit the MHSA issue in writing or by e-mail to the address below or by calling the Department of Mental Health (DMH) Office of Community Services at the number below:

Department of Mental Health - Office of Community Services
Issue Resolution Process
Attention: Cynthia.burt@dmh.ca.gov
1600 9th Street, Room 100
Sacramento, CA 95814
916-654-1188

2. The Issue Filer may also submit the MHSA issue to any of the following entities:
 - Mental Health Services Oversight and Accountability Commission (MHSOAC)
 - California Mental Health Planning Council (CMHPC)
 - Any agency and/or entity the Issue Filer feels may assist in resolving the MHSA related issue.
3. The Issue Filer may authorize another person to act on his or her behalf in filing an MHSA issue. Due to confidentiality restrictions, DMH and/or other agencies may be required to request a Release of Information from the Issue Filer allowing DMH to share information with all appropriate parties, including the Issue Filer's representative. If the Issue Filer does not respond to a request for a Release of Information within 14 days, DMH will close the case and notify all appropriate parties in writing.

DMH Review Process:

1. Within 10 business days of receipt of the letter, e-mail or phone call identifying the issue, DMH will begin the review process, including determining the organization responsible for addressing the issue
2. If the issue is not related to the MHSA regulations and/or statutes, the issue will be referred to other resources such as Patient Rights, the Ombudsman, Medi-Cal, or other State and local resources. No further DMH Office of Community Services Issue Resolution Process action will be taken. DMH will send a letter to the Issue Filer summarizing the status and disposition of their issue.

3. DMH will contact appropriate parties or entities copied in the initial letter/e-mail from the Issue Filer and advise them of the status of the review.
4. If the MHSA issue appears to be related to the MHSA regulations and statutes, DMH will contact the Issue Filer to obtain further information. DMH may ask for documentation that the county issue resolution process was accessed and exhausted at the local level. As a general rule, DMH will require that the local issue resolution process be accessed and exhausted but understands that, in some instances, this may not be possible. Each case will be reviewed and, as appropriate, DMH will either continue to attempt to resolve the issue or refer the Issue Filer back to his or her county to address the MHSA issue.
5. The Issue Filer has the right to request anonymity and/or confidentiality. If this request is made, DMH will continue to pursue a resolution with the appropriate parties, with the understanding that this may limit DMH's effectiveness in resolving the MHSA issue.
6. DMH will contact the county and obtain the case status regarding the MHSA issue. DMH will review the county's response, seek clarification and/or further information, if needed, from the involved parties and determine whether the county's action and response to resolving the issue was consistent with the MHSA regulations and statutes.
7. If the county's response to the MHSA issue is consistent with the MHSA regulations and statutes, DMH will send a summary letter stating this determination to the Issue Filer, the county, and those copied in the initial letter/e-mail/phone call from the Issue Filer. At this point, DMH has fulfilled its responsibilities and considers the issue resolution process complete.
 - If the Issue Filer disagrees with DMH's determination, the Issue Filer will be urged to seek remedy through his or her local county mental health board. In addition, DMH reserves the right to contact the MHSOAC to request county technical assistance regarding the MHSA issue that was raised.
8. If DMH determines that the activity by the County was inconsistent with the MHSA regulations and/or statutes, DMH will contact the Issue Filer, the county, the MHSOAC, and the local county mental health board to notify each of DMH's determination. DMH may participate, as appropriate, to help resolve the issue.

RECEIVED

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DIRECTOR'S OFFICE



CALIFORNIA DEPARTMENT OF

Mental Health

1600 9th Street, Sacramento, CA 95814
(916) 654-2309

December 5, 2011

DMH INFORMATION NOTICE NO.: 11-15

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: CALCULATION OF REVERSION OF MENTAL HEALTH
SERVICES ACT (MHSA) INNOVATION (INN) COMPONENT
FUNDS

REFERENCE IMPLEMENTATION OF THE MHSA, WELFARE AND
INSTITUTIONS CODE (WIC) SECTIONS 5830, 5892(a)(6), and
5892(h)

Section 5892(h) of the WIC requires the reversion of funds which have not been spent for their authorized purpose within specified timeframes to the state Mental Health Services Fund. This Department of Mental Health (DMH) Information Notice provides clarification to Counties regarding the calculation of reversion of MHSA INN component funds.

In calculating reversion of unexpended funds Counties should consider Innovation funds that have been expended as part of their CSS and PEI expenditures, with 20 percent of the Innovation expenditures associated with PEI and 80 percent associated with CSS. To determine the amounts of funds subject to reversion, Counties are instructed to total their expenditures and subtract these expenditures from the distribution for the year for which funds are reverting separately for PEI and CSS. If the total expenditures for CSS or PEI (including Innovation funds) are greater than the amount distributed for CSS or PEI (including Innovation funds), no funds will revert. If expenditures are less than the amount distributed, the difference is the amount of funds that will revert to the State Mental Health Services Fund.

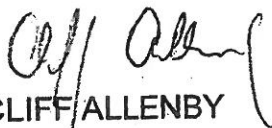
Any funds reverting from these combined totals shall be from each component in proportion to the component allocation in the combined totals for PEI and Innovation, and in proportion to the component allocation in the combined totals for CSS and Innovation. If the combined PEI and Innovation expenditure amount is subject to reversion, the

amount reverted from PEI shall be equal to the reversion amount times the proportion of PEI from the combined component allocation (PEI/INN), and the balance would be from Innovation. Similarly, if the combined CSS and Innovation amount is subject to reversion, the amount reverted from CSS shall be equal to the reversion amount times the proportion of CSS from the combined component allocation (CSS/INN), and the balance would be from Innovation.

Counties should continue to comply with all requirements in the Act, including sections 5892 and 5830.

If you have any questions regarding this Information Notice or the calculation for reversion of Innovation funds, please contact Clark Marshall at Clark.Marshall@mhsoac.ca.gov, telephone (916) 445-8788 or Kevin Hoffman at Kevin.Hoffman@mhsoac.ca.gov, telephone (916) 445-8740.

Sincerely,



CLIFF ALLENBY
Acting Director

Enclosure

cc: California Mental Health Planning Council
California Mental Health Directors Association
Mental Health Services Oversight and Accountability Commission
Acting Deputy Director, Office of Community Services